



**MISSISSIPPI STATE BOARD
OF PUBLIC ACCOUNTANCY**

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**Initial Application
CPA (Retired)**

DUE NO LATER THAN: JANUARY 1, 2013

No Fee Required

Full Name: _____ CPA Number: _____ Board File Number: _____
Address: _____ Telephone: _____ Fax: _____
_____ Email: _____

I _____ do solemnly swear (or affirm) to the Mississippi State Board of Public Accountancy that I wish to voluntarily retire my license as a certified public accountant (CPA), and the following statement is true and a complete representation of my status.

_____ I reached the **age of 55** on _____, and I am **no longer engaged in any activities regulated** by the Mississippi State Board of Public Accountancy.

_____ I am **permanently disabled**, since _____, and **no longer able to perform any activities regulated** by the Mississippi State Board of Public Accountancy. I have detailed the disability below and attached a notarized affidavit from my physician confirming the disability and my inability to perform such activities.

I understand that by voluntarily retiring my license that I **give up the right to practice public accounting** as a certified public accountant **or perform any activities regulated** by the Mississippi State Board of Public Accountancy.

I understand that by doing so I **give up the right to use the title of CPA or certified public accountant, in any way, without the accompanying word (retired)**. I understand that the use of those titles or any word or combination that could be construed to represent or hold myself out as an active licensee is prohibited.

I understand that I am **subject to the laws** of the State of Mississippi and the **State Board Rules and Regulations**, except I acknowledge that I am exempt from the annual requirement to obtain continuing professional education (CPE) hours in order to register as a CPA (retired).

I understand that if I desire to reenter the practice of public accounting or perform any activities regulated by the Board, I must surrender the retired or permanent disability status and apply for reinstatement by filing a timely application with the Board, pay the current license and reinstatement fees, and meet the CPE requirements.

SIGNATURE

DATE